



Denise Juneau, Superintendent
Office of Public Instruction
Accreditation Division
PO Box 202501
Helena MT 59620-2501

HOMELESS LIAISON 2012-2013 School Year

County: _____

District: _____ LE: _____

DUE DATES:

To County Superintendent: Tuesday 10/30/2012

To Office of Public Instruction, Accreditation

Division: Tuesday 11/7/2012

The District Homeless Liaison designated by the Authorized Representative should be an individual who is aware of his or her required duties, and is able to respond to questions or problems related to homeless students or their families regarding education issues.

This form is pre-filled with information we currently have on file about your homeless liaison. If the information is incorrect, please make any necessary changes. When the information is correct and complete, check the box at the bottom indicating that you have reviewed and confirmed the information provided.

If this information needs to be updated during the year, contact the OPI Homeless Specialist at (406) 444-5660.

I have reviewed and confirmed or corrected this information ☐

First Name

E-mail:

Last Name:

Phone:

Title:

Fax:

Delivery Address:

City:

State:

Zip: